

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
DOWNTOWN DESIGN REVIEW DISTRICT

Address of Property Affected _____ Date _____

Owner _____ Phone# _____

Address _____

Applicant _____ Phone# _____

Address _____

HAVE YOU REVIEWED THE DESIGN GUIDELINES

☐ YES

☐ NO

CHECK ALL THAT APPLY TO THE PROPOSED PROJECT:

- ☐ New addition to an existing structure
- ☐ Building relocation
- ☐ New structure on vacant lot
- ☐ Demolition (circle one) full/partial
- ☐ Building Wall Material
- ☐ Masonry repointing, cleaning or coating
- ☐ Windows
- ☐ Storefront
- ☐ Signage
- ☐ Statues, work of art

- ☐ Cornice, decorative trim
- ☐ Canopy/awning
- ☐ Roof repair/replacement
- ☐ Doors
- ☐ Dormers, chimneys, cupolas, cresting
- ☐ Fencing, parking, driveways, sidewalks
- ☐ Exterior lighting
- ☐ Porch, balcony, patio, deck, fire escape
- ☐ Kiosk, atm, vending machine
- ☐ Other

MINIMUM SUBMISSION REQUIREMENTS: Three (3) sets of the following.

A. ALTERATIONS, ADDITIONS, SIGNAGE

1. Photographs of existing conditions (3 x 5 inches minimum). Historical photographs or drawings may be submitted but are not required.
2. Drawings to scale indicating any changes to the physical appearance.
3. An outline describing work and the procedures to be performed.
4. Materials samples and/or manufacturers literature for major materials and products to be incorporated into the building.

B. NEW BUILDING

1. Photographs of adjacent buildings (3 x 5 inches minimum).
2. Site plan and exterior elevation drawings, to scale, showing the design, indicating drives, roads, parking, walks, walls, fences, doors, windows, decoration, materials, finishes, and other features accurately representing the proposed design.

C. DEMOLITION & BUILDING RELOCATION

1. Photographs (3 x 5 inches minimum), of the existing building in detail as it sits on the site.
2. A written request from the owner indicating the reasons for the demolition or relocation of the structure.
3. An analysis of the feasibility of rehabilitation, including the costs of rehabilitation, the market value for the property after rehabilitation, and, in the case of income-producing properties, the income and expense likely to be produced by the property after rehabilitation.

SIGNATURE: The undersigned does hereby certify that the information and statements contained herein and in the accompanying materials, to the best of their knowledge are true and correct.

Applicant _____ Date _____

Your application will be placed on the next scheduled meeting of the Architectural Board of Review to be held:

Date _____ Time _____ Place _____